analysis suggesting 83.8% remission following Roux-en-Y Gastric Bypass (RYGB)[1]. We examine remission rates following RYGB at a centre of excellence according to guidelines published recently by the American Diabetes Association (ADA)[2].
Method: Retrospective analysis was performed on patients with T2DM undergoing RYGB at Musgrove Park Hospital. Full remission was defined as hemoglobin (Hb) A1c $\leq$ 6% and fasting glucose levels $\leq$5.6 mmol/L at least 1 year after surgery without hypoglycemic medication. Partial remission was defined as HbA1c $<$ 6.5% and fasting glucose 5.6-6.9 mmol/L.
Results: A total of 73 consecutive patients were analysed. Mean HbA1c was significantly lower (10.8% vs 6.03%, p$<$0.0001) post-operatively. Full remission according to ADA guidelines was seen in 33 patients (45%) with partial remission in 9 (12%). When compared with previous guidelines (off medication with glucose $<$5.6 OR HbA1c $\leq$6), this rate was lower but not significantly; 33(45%) vs 42(58%), p=0.19
Discussion: Although bariatric surgery undoubtedly improves glycaemic control, remission rates may not be as high as previously suggested. Larger studies are required to provide patients with accurate expectations regarding diabetes resolution following surgery.

0805: THE INCIDENCE OF CYSTIC DUCT STONES FOUND DURING LAPAROSCOPIC CHOLECYSTECTOMY

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Aim: Cystic duct stones (CDS) are implicated in the post cholecystectomy pain syndrome and the subsequent development of common bile duct (CBD) stones. Their detection is hindered by the loss of tactile element brought by the advent laparoscopic surgery. This study aims to quantify the frequency of CDS during laparoscopic cholecystectomy (LC).
Methods: A cohort of consecutive patients undergoing LC during the period from November 2006 to May 2010 was used with data collected prospectively. The procedure entailed careful dissection of the cystic duct (CD) and the milking of any stones towards the gallbladder.
Results: The study included 330 patients, 80 male and 250 female, with CDS present in 64 cases (19%). Of these 64 patients with CDS, 47 (75%) showed deranged liver function tests compared to 152 (57%) with no CDS.
Conclusions: The results demonstrate that pre-operative investigations are not helpful in diagnosing the common occurrence of CDS. Careful upward milking of the cystic duct before applying clips is a simple, safe and effective way of detecting and extracting these stones. This study changed our practice as this procedure is now included in all our Laparoscopic cholecystectomies.

0906: CURRENT SURGICAL OPINIONS OF RECENT ADVANCES IN MINIMALLY INVASIVE SURGERY

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Background: The past decade has seen advances in minimally invasive surgery, in particular Natural Orifice Translumenal Endoscopic Surgery (NOTES) and Single Incision Laparoscopic Surgery (SILS), however their use remains controversial.
Aims: To investigate the current opinions and perceived future prospects of NOTES and SILS techniques amongst consultant surgeons.
Methods: An online survey was created asking for opinions of the current state of NOTES and SILS and also for predictions of the future utility of these techniques. Additionally information was gathered on specialty, laparoscopic workload and previous experience of NOTES or SILS. Surveys were directly emailed to consultants. Responses were collated and analysed using statistical software.
Results: 652 consultants contacted, 73 responses received (11.1%). 46.6% were General Surgeons. 86% practiced laparoscopic surgery. 21% to 32% of respondents were unsure about the current and future state of NOTES and SILS. Most respondents felt both techniques were valuable, SILS more so than NOTES (p=NS). NOTES or SILS experience increased optimism about NOTES (p=0.0003) and SILS (p=0.043).
Conclusions: Surgeons remain uncertain about the future of NOTES and SILS. Optimism about these techniques is increased with previous experience of NOTES or SILS, however it is unaffected by laparoscopic workload or surgical specialty.

0927: ABSENCE OF CORRELATION BETWEEN SERUM CRP LEVELS AND MITOCHONDRIAL D-LOOP DNA MUTATIONS IN GASTRO-OESOPHAGEAL ADENOCARCINOMA

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Introduction: Both inflammation and mitochondrial DNA (mtDNA) mutations are thought to play a role in the many human cancers. The aim of this study was to evaluate the relationship between inflammation and the accumulation of mtDNA mutations in the D-loop region in carcinogenesis of gastro-oesophageal adenocarcinomas
Methods: 20 patients with gastro-oesophageal adenocarcinoma had blood taken for measurement of serum CRP concentration. Direct sequencing of mtDNA in the D-loop region was done in the 20 adenocarcinoma samples and their corresponding surrounding non-cancerous tissue. Sequences were compared with existing mtDNA databases to identify mutations.
Results: mtDNA mutations in the D-loop region occur commonly with almost identical frequency in both non-cancerous tissue (3.0 ± 1.6) and adenocarcinoma (3.1 ± 1.9) ($p = 0.916$, paired t-test). There was no discernable relationship between CRP and the number of D-loop mutations in both adenocarcinoma ($p = 0.596$, Student's t-test) and non-cancerous tissue samples ($p = 0.594$, Student's t-test). Five new mutations were identified that were not recorded previously in mtDNA databases.
Conclusion: D-loop mtDNA mutations are common in both gastro-oesophageal adenocarcinoma and surrounding non-cancerous tissue. However, the accumulation of such mutations appears to occur independently of systemic inflammation.

0930: DOES EARLY PREGNANCY INFLUENCE WEIGHT LOSS AFTER BARIATRIC SURGERY?

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Background: Bariatric surgery is effective in treating obesity and becoming popular. The current recommendation is to delay pregnancy for 12-18 months during the rapid weight loss phase and until the weight loss stabilises. There are no controlled studies that have examined the effects of pregnancy on weight loss in patients who have undergone bariatric surgery.
Methods: We followed up 10 patients who became pregnant within one year post gastric bypass. The weight loss was compared with a cohort of age-matched 10 non-pregnant (NP) patients.
Results: The NP patients had an average Excess Body Weight (EBW) loss of 54.1% at 6 months, 73.8% at 12 months and 74.7% at 24 months after surgery. The patients who conceived in the first year after surgery had an excess body weight (EBW) loss of 54.2% at 6months, 65.9% at 12 months and 64.4% at 24 months after surgery. ANOVA analysis method found no significant difference in the weight loss outcomes.
Conclusion: There was no statistically significant difference in weight loss between the two groups. However, it may be prudent to continue with the recommendation to delay pregnancy for at least 12-18 months post-operatively, until further evidence is available.

0947 WINNER OF AUGIS TRAINEE PRIZE: PRE-OPERATIVE DIETARY WEIGHT LOSS DOES NOT CORRELATE WITH BETTER POST-OPERATIVE OUTCOMES FROM LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING

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Introduction: Patients considered for laparoscopic adjustable gastric banding (LAGB) are encouraged to lose weight pre-operatively. This study assesses whether pre-operative weight loss is a true predictor of post-operative weight loss.
Methods: A retrospective analysis of patients who underwent LAGB in 2007 at our institution, using actual body weight lost pre-operatively and comparing this to their BMI at one and two years post-operatively.
Results: 69 patients were included (M =23, F=46), with a mean age of 45.7. The average BMI at the bariatric surgical clinic was 54.01 and 52.13 on the pre-operative day. This reflected a mean reduction in BMI of 1.88

or a mean excess percent BMI loss (EBL) of 7.4 kg/m^2. At 1 year, the mean reduction in BMI was 11.1 [EBL of 33.6 kg/m^2]. At 2 years, the mean reduction in BMI was 13.29 [EBL of 41.5 kg/m^2]. Correlation between pre-operative weight loss versus weight lost at 1 and 2 years was performed. At 1 year & 2 years post-operatively, the Spearman Rank Correlation was 0.154 [p = 0.208] and 0.069 [p = 0.573] respectively (no statistical significant correlation).
Conclusion: In this study, pre-operative dietary weight loss does not correlate with better outcomes following laparoscopic adjustable gastric banding.

1046: HOW DOES A NORTHERN TRUST WITH UNIQUE GEOGRAPHICAL CHALLENGES COMPARE WITH SCOTTISH NATIONAL DATA FOR ALL CANCERS IN KEEPING TERMINALLY ILL UPPER GI CANCER PATIENTS OUT OF HOSPITAL – TO DIE AT HOME?

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Aim: To study end of life care for Upper GI cancer patients diagnosed within geographically diverse northern NHS Highland.
Methods: Four national databases were searched using ICD10 codes for Upper GI cancer for years 2005-2010. For patients diagnosed in this region, place of death (home, hospital, hospice or 'other institution') was recorded and compared with Scottish national data for all cancers.
Results: 978 Upper GI cancer patients were diagnosed within the study period. 298 were excluded as place of death was unknown. Of the remaining 680 patients 237 (34.9%) died at home, 295 (43.4%) died in hospital, 96 (14.1%) died in hospice and 49 (7.2%) died in another institution. Of 75522 cancer deaths in Scotland between 2004-2008 equivalent percentages were 24.3% (home), 51.9% (hospital), 17.6% (hospice) and 6.2% ('other'). Highly significant differences between NHS Highland and national data were found in both 'at home' and 'in hospital' deaths ($p<0.0001$).
Conclusions: Over half of cancer patients in Scotland die in hospital and a quarter die at home. In our study group, fewer patients die in hospital with over one third dying at home. Despite Highland geographical challenges, ability to deliver end of life care for Upper GI cancer patients is uncompromised.

1155: ONE-STOP CHOLECYSTECTOMY CLINIC: A WAY FORWARD FOR THE FUTURE?

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Objective: To assess whether a 'one stop cholecystectomy clinic' had an impact on the waiting time, pre-operative visits and admissions for patients with gallbladder diseases and thus improved their 18 week pathway.
Patients and Method: A retrospective observational study of patients attending the 'one stop cholecystectomy clinic'(Group A) and the traditional routine clinics (Group B)for patients with gallbladder diseases during 2010 was completed. Patients were preassessed & wait listed for surgery. Primary outcome measured was the waiting time, secondary outcome measured were the pre- operative visits & the emergency hospital admissions whilst awaiting surgery.
Results: Study included 129 patients with a mean age of 49 (SD ±16) years & female to male ratio of 101:28.Of the 129, 59 (46%) belonged to Group A had a waiting time of 7.3* (95% CI 6.2 - 8.5) weeks compared to 16.6 (95% CI 14.0 - 19.2) weeks for the 70 (54%) belonging to Group B(p-value <0.001). One unnecessary hospital visit for pre-assessment was avoided in all Group A compared to Group B patients and 9 (15%) Group A patients needed emergency admission compared to 19 (27%) Group B patients meaning significant cost implications.
Conclusion: One-stop cholecystectomy clinic achieves improved patient journey through reduction in emergency admissions, waiting times and unnecessary hospital visits.

1185: SHOULD CT COLONOSCOPY REPLACE FLEXIBLE SIGMOIDOSCOPY?

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Aims: It is recommended that all patients undergoing barium enema have a flexible sigmoidoscopy (FS) to exclude disease distal to the rectosigmoid junction. With the introduction of CT colonoscopy (CTC) is sigmoidoscopy still required for the investigation of suspected colorectal cancer (CRC).
Methods: The findings of CTC in 520 consecutive patients were reviewed by a GI radiologist blinded to the findings at FS. Patients with not adequate bowel preparation for FS, colonoscopy, polypectomy, abnormal MRI or CTC as first line investigation, more than six months period between CTC and FS were excluded. Statistical analyses were performed with Chi-Squared and Fisher test.
Results: 306 patients were excluded. In 188(88%) patients there was concordance between the findings on FS and CTC. Sensitivity and specificity of FS was 74% and 99% respectively ($p<0.001$)[ppv- 0.93, npv-0.94].FS did not identify 6 cancers when CTC missed only 2 malignant pathologies (classified as inadequate picture due to collapse colon, further investigation has been advised). We could identify statistically significant ($p<0.05$) dependence between bowel symptoms like PR bleeding and iron deficiency anaemia and diagnosis of bowel cancer in patients undergo FS.
Conclusions: A negative CTC excludes the presence of colorectal cancer.

1208: ANAEMIA AND BARIATRIC SURGERY: A DOUBLE WHAMMY

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Background: As bariatric surgery rates continue to climb, anaemia will become an increasing concern. We assessed the prevalence of anaemia and length of hospital stay in patients undergoing bariatric surgery.
Methods: Prospective data (anaemia [Haemoglobin <12 g/dL], haematinics and length of hospital stay) was analysed on 400 hundred patients undergoing elective laparoscopic bariatric surgery. Results were compared to a prospective database of 1530 patients undergoing elective general surgery as a baseline.
Results: Fifty-seven patients (14%) were anaemic pre-operatively. Median MCV (fL) and overall median Ferritin (μg/L) was lower in anaemic patients (83 vs. 86, p=0.001) and (28 vs. 61, $p<0.0001$) respectively. Compared to elective general surgery patients, prevalence of anaemia was similar (14% vs. 16%) but absolute iron deficiency was more common in those undergoing bariatric surgery; microcytosis $p<0.0001$, Ferritin <30 $p<0.0001$. Mean length of stay (days) was increased in the anaemic compared to in the non-anaemic group (2.7 vs. 1.9). Interestingly, patients who were anaemic immediately post-operatively, also had an increased length of stay (2.7 vs. 1.9), $p<0.05$.
Conclusion: Absolute iron deficiency was more common in patients undergoing bariatric surgery. In bariatric patients with anaemia there was an overall increased length of hospital stay, suggesting a role in pre-optimisation.

UROLOGY

0016: MANAGEMENT OF ACUTE EPIDIDYMO-ORCHITIS: SHOULD WE CHANGE OUR PRACTICE?

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Aim: The latest antibiotic guideline for epididymo-orchitis from the British Association of Sexual Health and HIV was released in June 2010. We reviewed the management of patients presenting with epididymo-orchitis over a 2 year period to see if the new guideline should be incorporated locally.
Method: Data was collected retrospectively looking at all patients presenting to hospital with a diagnosis of epididymo-orchitis from July 2008 to August 2010. Information collected included; patient age; admission date; mid-stream urine for routine culture and/or Chlamydia PCR; scrotal ultrasound findings; treatment and re-presentation to hospital.
Results: 66 patients were identified. The mean age was 47.29 years with twenty patients being below 35 years. Antibiotic treatment regimes used included Gentamicin and Ciprofloxacin (15.2% of cases), Ciprofloxacin alone (48.5%) and Doxycycline +/- Ciprofloxacin (15.2%). 9 patients had operative intervention. 3 cases were untreated. 3 patients re-presented to hospital with unresolved symptoms or complications.
Conclusion: Our current antibiotic policy seems to be successful as indicated by the few re-presentations and complications. Similar regimes are in use region wide. The 2010 guideline would suggest changing practice. However,